

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\\$) 0.00

Complete if Known

Application Number **10/598,642**
Filing Date **September 7, 2006**
First Named Inventor **Franciscus P. Budzelaar**
Examiner Name **Not Yet Assigned**
Art Unit **Not Yet Assigned**
Attorney Docket No. **32350-258601**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
- = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

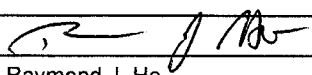
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

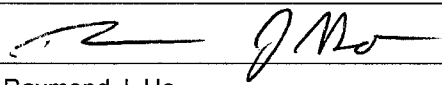
Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature  Registration No. (Attorney/Agent) **41,838** Telephone **(703) 760-1977**
Name (Print/Type) **Raymond J. Ho** Date **May 15, 2008**

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/598,642
		Filing Date	September 7, 2006
		First Named Inventor	Franciscus P. Budzelaar
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	32350-258601

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Citation Form PTO/SB/08 w/2 Foreign References -Yellow Filing Receipt
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Raymond J. Ho		
Date	May 15, 2008	Reg. No.	41,838

Venable Filing Number
Atty. Docket No: 32350-258601
Title of Application: ACTIVE MATRIX DISPLAY DEVICE
Application No: 10/598,642
Patent No. :

Attorney/LAA: RJH/srj
PTO Due Date:
Current Date: May 15, 2008
Filing Date: September 7, 2006
Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

<input checked="" type="checkbox"/> Transmittal Form PTO/SB/21	_____ Filing Fee
<input checked="" type="checkbox"/> Fee Transmittal Letter PTO/SB/17	_____ Search Fee
____ New U.S. Patent Application	_____ Examination Fee
____ (____ pages of specification/claims)	_____ Additional Claim Fee
____ Rule 53(d) Continued Prosecution Application	_____ Extension Fee
____ Rule 53(b) Continuation or Divisional Application	_____ IDS Fee
____ (attach copy of specification, claims, drawings and declaration)	_____ Recordation Fee
____ U.S. National Stage Application of PCT Application	_____ Notice of Appeal Fee
____ Request for Continued Examination (RCE) under 37 CFR 1.114	_____ Brief on Appeal
____ Application Data Sheet	_____ Oral Hearing Request Fee
____ Substitute Specification	_____ Petition Fee
____ Priority Document-Cert. Copy of	_____ Issue Fee
____ Appln.#: _____; Country: _____; Date Filed: _____	_____ Publication Fee
____ Formal Drawings (____ sheets, Figs.)	_____ Certificate of Correction Fee
____ Inventor Declaration	_____ Maintenance Fee
____ Assignment w/Cover Sheet	_____ Other Fees (Describe)
____ Response to Notice to File Missing Parts	_____
____ Response to Notice to File Missing Requirements	_____
____ Response to Requirement	_____
<input checked="" type="checkbox"/> Information Disclosure Statement	_____
<input checked="" type="checkbox"/> Citation Form PTO/SB/08 w/2 Foreign Refs.	_____
<input checked="" type="checkbox"/> Yellow Filing Receipt	_____
____ Petition/Request for Extension of Time (mo. ext.)	_____
____ Power of Attorney	_____
____ Petition to Revive	_____
____ Sequence Listing – CDR Enclosed? ____ Yes ____ No	_____
____ Request for Non-Publication	_____
____ Request to Rescind Non-Publication Request	_____
____ Terminal Disclaimer	_____
____ Notice of Appeal	_____
____ Appeal Brief (in triplicate) / Reply Brief (in triplicate)	_____
____ Request for Oral Hearing	_____
____ Confirmation of Hearing Petition	_____
____ Issue Fee Transmittal	_____
____ Certificate of Correction	_____
____ Maintenance Fee Transmittal	_____
____ Status Inquiry	_____
____ Other: (Please describe below)	_____

0.00 Total Fees Paid

Charge the above fees as follows:

☐ USPTO Deposit Account No. 22-0261
☐ USPTO Deposit Account No. _____
☒ USPTO not to charge any Deposit Account

Reviewed By:

Signature of Attorney

Date